



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 21, 2019

Ms. Erin Barry-Fenton, Manager
Loretto Home
59 Meadow Street
Rutland, VT 05701-3994

Dear Ms. Barry-Fenton:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 4, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0138	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/04/2018
NAME OF PROVIDER OR SUPPLIER LORETTO HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 59 MEADOW STREET RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced, on-site investigation of 2 complaints was conducted between 12/3-4/2018 by the Division of Licensing and Protection. The following regulatory issues were identified:	R100	Please see attached Plans of Correction.	
R213 SS=E	VI. RESIDENTS' RIGHTS 6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights. This REQUIREMENT is not met as evidenced by: Based on observations and interviews with residents, the residential care home failed to assure that 3 of 3 residents were treated with respect and dignity. The specifics are detailed below: Per resident interviews on 12/03 and 12/04/2018, 3 residents, not in the sample, indicate that they wish to remain anonymous. They indicate that they are hesitant to voice complaints or grievances for fear of reprisal from the staff. These residents indicate feeling like staff 'talk down to them', that they are not treated with respect and dignity, that staff don't listen to concerns, if they are voiced, and that if residents do bring up issues, they are not listened to and 'nothing ever happens.' They report some staff being rude to them, ignoring requests for medications. Per observation, residents approached this surveyor reluctantly but said that they 'wanted to	R213		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

01/18/19

STATE FORM

5599

ZFFS11

If continuation sheet 1 of 5

R213 - R286 POC's accepted 3/18/19 meetan

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R213	Continued From page 1 tell you what happens around here.' The conversations were sporadic and residents indicated that they didn't want to be seen talking with the surveyor. One resident reported that s/he was told to not complain about anything or staff will 'not be nice to you.'	R213		
R220 SS=E	VI. RESIDENTS' RIGHTS 6.8 A resident may complain or voice a grievance without interference, coercion or reprisal. Each home shall establish a written grievance procedure for resolving residents' concerns or complaints that is explained to residents at the time of admission. The grievance procedure shall include at a minimum, time frames, a process for responding to residents in writing, and a method by which each resident filing a complaint will be made aware of the Office of the Long Term Care Ombudsman and Vermont Protection and Advocacy as an alternative or in addition to the home's grievance mechanism. This REQUIREMENT is not met as evidenced by: Based on resident interviews and direct observations, the residential care home failed to provide an environment in which residents feel comfortable in voicing grievances for 3 of 3 residents. Specifics are detailed below: Per resident interviews on 12/03 and 12/04/2018, 3 residents, not in the sample, indicate that they wish to remain anonymous. They indicate that they are hesitant to voice complaints or	R220		

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R220	Continued From page 2 grievances for fear of reprisal from the staff. These residents indicate feeling like staff 'talk down to them,' that they are not treated with respect and dignity, that staff don't listen to concerns, if they are voiced, and that if residents do bring up issues, they are not listened to and 'nothing ever happens.' Per observation, residents approached this surveyor reluctantly but said that they 'wanted to tell you what happens around here.' The conversations were sporadic and residents indicated that they didn't want to be seen talking with the surveyor.	R220		
R266 SS=D	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on resident interviews, observations and medical record review, the residential care home (RCH) failed to assure that the home is accessible, functional and sanitary for 1 of 4 residents reviewed. (Resident # 3) The specifics are detailed below: Per observation, Resident # 3, who is wheelchair bound, resides in a private room. In this room is a closet that is not easily accessible to the resident because the door frame recedes in beyond a section of wall. By observation, the	R266		

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R266	Continued From page 3 wheelchair hits this piece of wall and Resident # 3 has to lean forward in an off-balanced position to reach clothes. Also, there is no bed in this room and the resident has been sleeping in a recliner that s/he moves nightly away from the wall so as to allow the chair to recline. There are 2 shared bathrooms on the wing where his/ her room is located and 1 is not large enough to accommodate a wheelchair. Besides being shared with the other 3 residents on that wing, this larger bathroom is used by residents who need toileting and during times whey they are not on their own units. This bathroom is near the dining room, the medication room and the ground floor entryway. This bathroom contains only a sink and toilet, which is found to have a soiled seat at 1:15 PM on 12/3/18. The tub room and shower area are located on an upstairs level, requiring the use of the 1 elevator in the building. These observations are confirmed by the Resident and the soiled toilet seat is confirmed by the Director of Nursing (DNS) on 12/03/2018. Per direct observation and confirmed by the staff on the memory care unit, the shared bathrooms on that unit are found to have a soiled toilet seat at 2:55 PM on 12/4/18. This bathroom, with 2 toilet stalls is currently shared by 6 residents. There are usually 9 residents on that unit. Staff indicate that they clean the seat prior to use, but do indicate that residents can use the bathroom without staff assistance.	R266		
R286 SS=D	IX. PHYSICAL PLANT 9.5 Home Requirements for Persons with Physical Disabilities	R286		

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R286	<p>Continued From page 4</p> <p>9.5.a Each home shall be accessible to and functional for residents, personnel and members of the public with physical disabilities in compliance with the Americans with Disabilities Act.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident interviews, observations and medical record review, the residential care home (RCH) failed to assure that the home is accessible and functional for 1 of 4 residents reviewed. (Resident # 3) The specifics are detailed below:</p> <p>Per observation, Resident # 3 is wheelchair-bound, and resides in a private room. In this room is a closet that is not easily accessible to the resident because the door frame recedes in beyond a section of wall. By observation, the wheelchair hits this piece of wall and Resident # 3 has to lean forward in an off-balanced position to reach clothes. Also, there is no bed in this room and the resident has been sleeping in a recliner that s/he moves nightly away from the wall so as to allow the chair to recline.</p> <p>There are 2 shared bathrooms on the wing where his/ her room is located and 1 is not large enough to accommodate a wheelchair. Besides being shared with the other 3 residents on that wing, this larger bathroom is used by residents who need toileting and during times when they are not on their own units. This bathroom is near the dining room, the medication room and the ground floor entryway.</p>	R286		

Plan of Correction Loretto Home Residence for complaint investigation 12/4/18

The submission of this plan of correction does not imply agreement with existence of deficiency. It is submitted in the spirit of cooperation, to demonstrate our commitment to continued improvement in the quality of our residents' lives.

This survey was conducted prior to this Administrator starting.

VI. R213 Residents' Rights

What action you will take to Correct the deficiency?

The findings from the survey are vague and non-specific related to the anonymous resident interviews. Observations were based on hearsay and subjective interpretation. The Loretto Home has a new administrator who has already met with staff and provided education regarding resident rights and sensitivity training. This was done on 1/16 and a second training is scheduled for 1/23.

What measure will be put into place or systemic changes you will make to ensure that the deficient practice does not occur?

New administrator will conduct bi-weekly meetings with residents in a group setting. She has begun meeting with residents on an individual basis to reinforce the open-door policy and give them the opportunity to get to know and trust her and bring forward any concerns. The Administrator also reminded residents about the grievance process and their right to contact an Ombudsman.

How corrective actions will be monitored so deficient practice does not recur?

Administrator will review and act upon any information received in the monthly Resident Council Meeting minutes and any feedback obtained in bi-weekly resident meetings. Will continue to conduct anonymous Annual Satisfaction Survey and review the results for any patterns of dissatisfaction.

The dates corrective action will be completed

1/25/19

VI. R220 Residents' Rights

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IX. R266 Physical Plant

What action you will take to correct the deficiency?

New administrator has made a referral to home health for Occupational Therapy evaluation of the room for resident in wheelchair. A handicapped shower has been made accessible on lower floor for resident. Staff members are to check bathrooms at the beginning of each shift, after each meal, and end of each shift. Daily log sheet has been implemented.

What measure will be put into place or systemic changes you will make to ensure that the deficient practice does not occur?

Staff members are to check bathrooms at the beginning of each shift, after each meal, and end of each shift. Daily log sheet has been implemented.

How the corrective actions will be monitored so deficient practice does not recur?

Weekly audit has been initiated and will continue to ensure bathrooms are kept clean.

The dates corrective action will be completed

2/1/19, pending Occupational Therapy recommendations regarding room

Handicap accessible shower available 1/18/19

Restroom education with staff completed 1/23/19

Daily log sheet implemented 1/18/19

IX. R286 Physical Plant

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